



Clinical and Quality Measures: Definitions
 Prepared by the Center for Community Health and Evaluation

NOTES

Health center grantees: report the data measures for each site that is participating in PHASE or at organizational level

Measurement year is defined as the rolling year up through the end of the quarter.
 For example, the report for Q1 of 2020 is for the measurement year of April 1, 2019 through March 31, 2020.

For the screening & follow-up measures, you do not need to submit both UDS and PRIME defined data; choose just one.
 Questions? Contact Danielle Malone at Community Health Partnership (danielle@chpsc.org)

Patient population measures	Definition	Comments	Benchmark	Measure name in reporting template
Organization-level involvement	This should be 1 for each site			Sites
Patients reached	Unduplicated count of patients in denominator of below measures with *	THIS MEASURE HAS BEEN MODIFIED Previous measure from 2017-2019: included 4 separate metrics asking you to provide numbers for Diabetes patients, HTN patients and ASCVD patients as well as unduplicated patients. For 2020 the only patients reached metric you need to report on is unduplicated patients.	N/A	Patients Reached

Prescription measure	Definition	Comments	Benchmark	Measure name in reporting template
Patients at high risk of cardiovascular events who were prescribed or were on statin therapy*	<p>Numerator: Patients who are actively using or who receive an order (prescription) for statin therapy at any point during the measurement period</p> <p>Denominator: All patients who meet one or more of the following criteria (considered at "high risk" for cardiovascular events, under ACC/AHA guidelines):</p> <ol style="list-style-type: none"> 1) Patients aged >= 21 years at the beginning of the measurement period with clinical ASCVD diagnosis 2) Patients aged >= 21 years at the beginning of the measurement period who have ever had a fasting or direct laboratory result of LDL-C >=190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia 3) Patients aged 40 to 75 years at the beginning of the measurement period with Type 1 or Type 2 diabetes and with an LDL-C result of 70-189 mg/dL recorded as the highest fasting or direct laboratory test result in the measurement year or during the two years prior to the beginning of the measurement period 	THIS IS A NEW MEASURE		Statin Therapy

	Exclusions: <ul style="list-style-type: none"> - Patients who have a diagnosis of pregnancy - Patients who are breastfeeding - Patients who have a diagnosis of rhabdomyolysis 		
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Health Disparity measure	Definition	Measure name in reporting template	
% of	Numerator: Denominator:	THIS IS A NEW MEASURE: Applicant will identify the specific subpopulation and measure of focus and any applicable benchmark(s).	Health Disparity

Screening & follow-up measures*	Definition * Grantees can decide to use either the UDS or PRIME measure definitions.	Measure name in reporting template	
Rate 1: tobacco screening UDS (not required to submit)	Numerator: Patients who were screened for tobacco use at least once within 24 months Denominator: All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period Exclusions: <ul style="list-style-type: none"> - Documentation of medical reason(s) for not screening for tobacco use (eg, limited life expectancy, other medical reason) 		Rate 1 tobacco screening
Rate 2: tobacco users who received intervention UDS (not required to submit)	Numerator: Patients who received tobacco cessation intervention (concurrent with or after the most recent tobacco use screening) <ul style="list-style-type: none"> - Tobacco Cessation Intervention Includes brief counseling (3 minutes or less), and/or pharmacotherapy. Note: For the purpose of this measure, brief counseling (e.g., minimal and intensive advice/counseling interventions conducted both in person and over the phone) qualifies for the numerator. Written self-help materials (e.g., brochures, pamphlets) and complementary/alternative therapies do not qualify for the numerator Denominator: All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period who were screened for tobacco use <u>and identified as a tobacco user</u> Exclusions: <ul style="list-style-type: none"> - Documentation of medical reason(s) for not screening for tobacco use (eg, limited life expectancy, other medical reason) or identified as a non-user of tobacco 		Rate 2 tobacco intervention
Rate 3/Combined tobacco screening & follow-up measure: UDS (required to submit using this definition or PRIME definition) - this is the same PHASE measure as it's always been, with the change of when the cessation intervention occurs	Numerator: The number of patients aged 18 years and older who were screened for tobacco use at least once within 24 months AND who received tobacco cessation intervention if identified as a tobacco user. Evidence of tobacco cessation intervention must start concurrent with or after the most recent tobacco use screening. Health centers must also use the most recent screening which has a documented status of tobacco user or tobacco non-user to satisfy the measure <ul style="list-style-type: none"> - Cessation intervention is documentation of providing cessation materials or counseling or prescribing cessation pharmacotherapy - Numerator includes individuals who were screened and who identify as a non-user of tobacco 		Combined tobacco

	<p>Denominator: All patients aged 18 years and older seen for at least two visits OR at least one preventive visit during the measurement period.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> - Documentation of medical reason(s) for not screening for tobacco use (eg, limited life expectancy, other medical reason) 		
BMI screening & follow-up: UDS	<p>Numerator: Patients aged 18 years and older with a documented BMI (not just height and weight) during their most recent visit or during the previous six months of the most recent visit, and when the BMI is outside of normal parameters, a follow-up plan is documented during the visit or during the previous six months of the current visit. Normal parameters are:</p> <ul style="list-style-type: none"> - If aged 18-64: $18.5 \leq \text{BMI} < 25$ - If aged 65+: $23 \leq \text{BMI} < 30$ <p>Denominator: Patients who were 18 years of age or older with a medical visit during the measurement period.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> - Patients who are pregnant - Visits where the patient is receiving palliative care, refuses measurement of height and/or weight, is in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health status - There is any other reason documented in the medical record by the provider explaining why BMI measurement was not appropriate 		BMI
Depression screening & follow-up: UDS	<p>Numerator: Patients aged 12 years and older screened for depression on the date of the visit using an age-appropriate standardized tool and, if screened positive for depression, for whom a follow-up plan is documented on the date of the positive screen.</p> <p>Denominator: Patients aged 12 years and older with at least one medical visit during the measurement period.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> - Patients who refuse to participate, who are in urgent or emergent situations - Patients whose functional capacity or motivation to improve affects the accuracy of results - Patients with an active diagnosis for depression or a diagnosis of bipolar disorder - Patients who are already participating in ongoing treatment for depression 	<p>PHQ-9 is no longer considered a follow-up to a positive depression screening.</p> <p>Additional evaluation or assessment for depression.</p> <ul style="list-style-type: none"> - Suicide risk assessment - Referral to a practitioner who is qualified to diagnose and treat depression - Pharmacological interventions - Other interventions or follow-up for the diagnosis or treatment of depression <p>Link to UDS manual: http://bphcdata.net/docs/uds_rep_instr.pdf</p>	Depression

Clinical quality measures	Definition (HEDIS)	Notes	Measure name in reporting template
Controlled blood pressure for diabetes aged 18-75*	<p>Numerator: # of diabetic patients* aged 18-75 who have a blood pressure of < 140/90 mm Hg during the past measurement year</p> <p>Note: Blood pressure readings taken from remote patient monitoring devices that are electronically submitted directly to the provider can be counted towards numerator compliance.</p> <p>Denominator: # of diabetic patients* aged 18-75</p> <p>* Same event/diagnosis criteria as in the Patient Population Measures section apply.</p> <p>Note: if a patient does not have a blood pressure reading during the measurement year or the reading is incomplete, they are part of the denominator but not the numerator.</p>		Diabetes controlled blood pressure
A1c poor control (A1c >9%)	<p>Numerator: Patients whose most recent HbA1c level (performed during the measurement period) is >9.0%</p> <p>Denominator: Patients 18-75 years of age with diabetes with a visit during the measurement period</p>	<p>THIS MEASURE HAS BEEN MODIFIED: Higher values on this measure indicate poorer performance. Note that in previous rounds of PHASE, this measure was the inverse. It has been switched to fully align with other reporting requirements that applicants have to do. People whose diabetes is in poor control are at greater risk for CVD than those with lower A1c levels.</p>	Diabetes A1c poor control

Controlled blood pressure for
hypertensives aged 18-85*

Numerator: hypertensive patients age 18–85 with an outpatient diagnosis of hypertension during the first 6-month period of the measurement year whose last blood pressure reading during the past measurement year was less than or equal to the following thresholds:

- if < 60 years, BP ≤ 139/89;
- if ≥ 60 years and has Diabetes, BP ≤ 139/89;
- if ≥ 60 years and does not have Diabetes, BP ≤ 149/89

Note: Blood pressure readings taken from remote patient monitoring devices that are electronically submitted directly to the provider can be counted towards numerator compliance.

Denominator: Patients 18-85 years of age who had a diagnosis of essential hypertension within the first six months of the measurement period or any time prior to the measurement period.

Note: If a patient does not have a blood pressure reading during the measurement year or the reading is incomplete, they are part of the denominator but not the numerator. A telephone visit,

Hypertension
controlled blood
pressure